

# **CERTIFICATE OF FIRE CLEARANCE**

UTAH DEPARTMENT OF HEALTH  
 Bureau of Health Facility Licensing  
 Certification and Resident Assessment  
 PO Box 144103  
 Salt Lake City, Utah 84114-4103  
 (801) 538-6158 FAX (801) 538-6163

GENERAL	YES	NO	N/A	REMARKS
1. Proper Exits/Stairways/Aisles				
2. Fire Resistive Construction				
3. Smoking Control				
4. Address on Building				
5. Fire Department Access				
6. Evacuation Plan/Training				
7. Certificate of Occupancy (Bldg. Official)				
8. Hydrant Location				
<b>ELECTRICAL</b>				
9. Proper Wiring; Extension Cords				
10. Elec. Shutoff Accessible/Room Labeled				
<b>HOUSEKEEPING</b>				
11. Good Housekeeping				
12. Proper Storage of Haz. Liquids & Gases				
<b>HVAC SYSTEMS</b>				
13. Gas Devices Vented/Adequate Comb. Air				
14. Combustibles Remote From Open Flame				
15. Boiler/Appliance Safety				
16. Smoke/Control Systems				
<b>PORTABLE EXTINGUISHERS</b>				
17. Current & Tagged				
18. Placement and Type				
<b>EXTINGUISHING/ALARM SYSTEMS</b>				
19. Fire Extinguishing System				
20. Valves (OS&Y-PIV) FDC Location				
21. Fire Alarm System				
22. Hood Systems				
23. OTHER:				

I, the undersigned, am in receipt of a copy of this inspection and am aware of the penalties for non-compliance of any orders or local agencies having program authority listed hereon.

Additional fire regulations may be enforced by Federal, state

This facility meets a reasonable level of fire and life safety.

YES \_\_\_\_\_ NO \_\_\_\_\_

FOLLOW-UP \_\_\_\_\_

FIRE OFFICIAL/TITLE

DATE

OWNER/MANAGER